

10152680A

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20		2				
21		2				
22		2				
23		2				
24		1				
25		1				
26		1				
27		1				
28		2				
29		1				
30		1				
31		1				
32		1				
33						
34		1				
35						
36						
37						
38						
39						
40						
41			1			
42				1		
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53						
54				1		
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64				1		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						